

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90492 026 ***150.00

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DOCUMENT # P94000029986

1. Entity Name

TROPIC SPHEX, INC.



Principal Place of Business
1404 S ATLANTIC AVENUE
DAYTONA BEACH FL 32118
US

Mailing Address
1404 S ATLANTIC AVENUE
DAYTONA BEACH FL 32118
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3235621**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOUZOU DJIAN, GEORGES
1401 S PALMETTO AVE 515
DAYTONA BEACH FL 32114

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *X*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **P** ☐ Delete
STREET ADDRESS **OHNONA, CHARON**
CITY-ST-ZIP **2600 N PENINSULA DRIVE**
DAYTONA BEACH FL 32118

TITLE
NAME **P.** ☒ Change ☐ Addition
STREET ADDRESS **OHNONA, CHARON**
CITY-ST-ZIP **732 mason Ave**
Daytona Beach, FL 32117

TITLE
NAME **VP** ☐ Delete
STREET ADDRESS **KOUZOU DJIAN, GEORGES**
CITY-ST-ZIP **1401 S PALMETTO AVE #515**
DAYTONA BEACH FL 32114

TITLE
NAME **VP** ☒ Change ☐ Addition
STREET ADDRESS **Kouzoudjian, Georges**
CITY-ST-ZIP **901 S. Atlantic Ave. #206**
Ormond Beach, FL 32176

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X* **COGNATE RE (Georges Kouzoudjian)** 4-23-03 (386) 673-3397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)